STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typyi over the lines	
JEFF PAC		
ADDRESS (number and	2150 RIVER PLAZA DR. #150	
(Check if address is changed)	1	CA 55833 -
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) DAVID@THEAGENCY.US L L L L L L L L L L L L L L L L L L L	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.8		
3. FEC IDENTIFICA	TION NUMBER C C00489112	
4. IS THIS STATEM	ENT X NEW (N) OR AMEN	DED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is to Treasurer David Bauer	rue, correct and complete
Signature of Treasurer	Electronically Filed by David Bauer	Date 08 / 29 / 2011
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person sig	
Office Use Only	· · · · · · · · · · · · · · · · · · ·	information contact: stion Commission 0-424-9530 (Revised 02/2009)